

Reservation Request Form

ALEPPO TEMPLE, A.A.O.N.M.S.

SHRINERS' CARIBBEAN CRUISE TO SAN JUAN, ST. THOMAS AND BERMUDA

NOVEMBER 5 - 14, 1961

MR. JOHN W. SHEARER, Shrine Cruise Manager
Caribbean Cruise Lines
636 Statler Office Building
Boston, Massachusetts

Date.....

Office Phone Number: HAncock 6-9142

Office Hours: 8:30 a.m. - 5:30 p.m.

DEAR MR. SHEARER:

We would like you to reserve for

Names
(Give Wife's Full Given Name)

* STATUS
(Member, Family or Guest)
(Age of Children)

Preferred
Accommodations

.....		
.....		
.....		
.....		

Enclosed please find check payable to CARIBBEAN CRUISE LINES in the amount of \$.....
at \$75.00 PER PERSON as deposit for the above reservations. It is understood the balance of the passage money
is due on or before September 5, 1961. When sending check in full, I will add \$2.85 Bermuda tax per person
and \$1.50 Boston tax per person.

NAME.....

ADDRESS.....

CITY.....STATE.....

(If additional space for names is required, use reverse side.)

*NOTE: Please give full names of each member of your party, and indicate the type of reservation desired. You may bring your family
and invite guests to join you. When children are in your party, please give their age.

Passports are not required for United States citizens, but proof of citizenship, such as birth or voting certificate or driver's license should be
carried. No inoculations are required.